



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

COMMUNITY FIRST CHOICE Policy Manual

Section: FORMS

Subject: Intake Internal Review Worksheet (SLTC-244)

PURPOSE

The provider agency must use the Intake Internal Review Worksheet (SLTC-244) for each member in the agency's Intake Review Sample. Refer to CFC/PAS 610 instructions for how to determine the Intake Review Sample.

INSTRUCTIONS

Every member in the Intake Review Sample must be reviewed for the following criteria:

1. Person Centered Plan (PCP) Form with signatures: Determine whether the member chart contains a PCP Form (SLTC-200). If the chart does not contain the PCP form, the criteria is unmet.
2. Service Plan with signatures: Determine whether the member chart contains a Service Plan (SLTC-170) and that it is signed and dated by the member, nurse supervisor, and plan facilitator. If chart does not contain the Service Plan or the required signatures, the criteria is unmet.
3. Mountain Pacific Quality Health (MPQH) Overview and Service Profile: Determine whether the member chart contains the MPQH Overview and Service Profile (SLTC 154/155). If the chart does not contain the most current Overview and Service Profile, the criteria is unmet.
4. The following criteria should be evaluated for a member intake when services are delivered prior to receiving the MPQH Service Profile (i.e., member is enrolled as a high risk intake):
 - a. High Risk Service Plan: Determine whether the member chart contains a High Risk Service Plan and that the Service Plan was signed and dated by the member and the nurse supervisor. If the chart does not contain a High Risk Service Plan, or the required signatures, the criteria is unmet.
 - i. If the member was not a high risk intake mark n/a.

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- b. High Risk Referral to MPQH: Determine whether the member chart contains a High Risk Referral Form (SLTC-154) with the bottom section of the form completed indicating high risk. If the form is not present, the criteria is unmet.
 - i. If the referral was not a high risk intake mark n/a.
5. PCP Form contains member/PR initials: Determine whether the PCP Form has the member/PR initials on each of the lines indicating they have received and reviewed the CFC Handbook. If a line is missing the initials, the standard is unmet.
6. The following should be reviewed if the agency acted as the Plan Facilitator and completed the PCP Form:
 - a. PCP Form contains member information in every box: Determine whether the form contains member-specific information in every box of the form. If there is a box that does not contain member specific information, the criteria is unmet. If the agency was not the Plan Facilitator mark n/a.
7. Service Plan documents ADL/IADL tasks and ADL frequency: Review the member's current Service Plan Schedule to ensure that activities of daily living (ADL) and Instrumental activities of daily living (IADL) are listed and ADL are assigned a frequency. If ADL/IADL tasks are not listed and/or the frequency for the ADL task is not listed, the criteria is unmet.
8. For each of the criteria outlined above (1-7) the provider agency must record an "x" in one of the following boxes:
 - a. N/A: If the criteria is not applicable indicate an "x" in the box;
 - b. Met: If the criteria is met indicate an "x" for the box; or
 - c. Unmet: If the criteria is not met indicate an "x" in the box.
 - d. Date Completed or Date Span: Indicate the date the form was completed or the span referenced on the form.
 - e. Comments: Provide additional comments.